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	SAN FRANCISCO		7.	Kristing Alvarez		arez	(Depositor's name)	
07/	18/2006 MAHMED2 00000	0027 201430 097880	36		The state of the	Allwares.	(Signature)	
	FC:1501 1400.00 DA				7//3/0	X6	(Date)	
03	C:1504 C:8001 LICATION NO. 00 DA FILING DATE		FIRST NAMED		D INVENTOR	VENTOR ATTORNEY DOCKET NO.		
	09/788,036	James A. Fitch		A. Fitch	42365-00450	5261		
	TITLE OF INVENTION: METHOD FOR DETERMINING IF THE LOCATION OF A WIRELESS COMMUNICATION DEVICE IS WITHIN A SPECIFIED AREA							
	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional NO		\$1400		\$300	\$1700	07/17/2006	
	EXAMINER		ART UNIT		CLASS-SUBCLASS			
	EWART, JAMES D		2617		455-456500			
	Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Openwave Systems Inc. Redwood City, CA							
	Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 💹 Corporation or other private group entity 🗀 Government							
	4a. The following fee(s) are enclosed: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies _ 3				b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).			
	5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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	Authorized Signature			1	Date	7 13 06		
	Typed or printed name <u>Craig C. Largent</u>				Registration	No56,400		
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